ΑD	i							

Award Number: W81XWH-12-2-0058

TITLE: Immunomodulation to Optimize Vascularized Composite Allograft Integration in

Limb Loss Therapy

PRINCIPAL INVESTIGATOR: Linda C. Cendales, MD

CONTRACTING ORGANIZATION: Ò( [ | ^ ÁW} āç^ | • āĉ OŒ| à œÆÃOŒ| HEHOG

REPORT DATE: U&( à^¦ÁŒFH

TYPE OF REPORT: Annual Report

PREPARED FOR: U.S. Army Medical Research and Materiel Command

Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release; Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

4302. Respondents should be	aware that notwithstanding any	ers Services, Directorate for Infor other provision of law, no persor R FORM TO THE ABOVE ADDR	shall be subject to any penalty f	or failing to comply with	son Davis Highway, Suite 1204, Arlington, VA 22202- a collection of information if it does not display a currently			
1. REPORT DATE		2. REPORT TYPE		3. D	3. DATES COVERED			
October 2013		Annual	308	30September2012-29September2013				
4. TITLE AND SUBTIT	LE				CONTRACT NUMBER			
Immunomodulation	n to Optimize Vasci	ularized Composite	Allograft Integration	in Limb				
Loss Therapy	•	•	0 0					
					GRANT NUMBER			
				W8	1XWH-12-2-0058			
				5c. F	PROGRAM ELEMENT NUMBER			
6. AUTHOR(S)				5d. F	PROJECT NUMBER			
Linda C. Cendales	MD			04	Noozo: Nombzik			
Emaa O. Oomaaloo	, 1110			Fo 7	TACK NUMBER			
				Je. i	TASK NUMBER			
				F6.14	ADDIVIDATE NUMBER			
				51. V	ORK UNIT NUMBER			
7 DEDECORMING ODG	SANIZATION NAME(S)	AND ADDDESS/ES)		0 DI	ERFORMING ORGANIZATION REPORT			
. Emory University		AND ADDRESS(ES)			UMBER			
Atlanta, GA 30322	<u> </u>							
9 SPONSORING / MC	NITORING AGENCY N	AME(S) AND ADDRESS	S/FS)	10.9	SPONSOR/MONITOR'S ACRONYM(S)			
	Research and Ma		5(20)	10. 0	or chockinothron a Actor (in(c)			
-		lener Command						
Fort Detrick, Maryl	and 21/02-5012			44.6	DOMOOD MONITORIO DEPORT			
					SPONSOR/MONITOR'S REPORT			
				P	NUMBER(S)			
12. DISTRIBUTION / A	VAILABILITY STATEM	IENT						
	VAILABILITY STATEM ic Release; Distribu							
	_							
	_							
Approved for Publ	c Release; Distribu							
	c Release; Distribu							
Approved for Publ	c Release; Distribu							
Approved for Publ	c Release; Distribu							
Approved for Publ	c Release; Distribu							
Approved for Publ  13. SUPPLEMENTAR	c Release; Distribu							
Approved for Publ  13. SUPPLEMENTAR  14. ABSTRACT	c Release; Distribu	tion Unlimited	te of combat death	but increased t	he rate of extremity injury, burn			
13. SUPPLEMENTAR  14. ABSTRACT  Recent improvement	r NOTES  ents in body armor	tion Unlimited			he rate of extremity injury, burn			
13. SUPPLEMENTAR  14. ABSTRACT  Recent improvement and limb loss in su	r NOTES  ents in body armor inviving casualties.	nave reduced the ra As such, methods to	replace injured limi	os are increasi	ngly required to support combat			
13. SUPPLEMENTAR  14. ABSTRACT  Recent improvement and limb loss in suservice personnel.	r NOTES  ents in body armor liviving casualties. Vascularized comp	nave reduced the ra As such, methods to	replace injured limition (VCA) has rece	os are increasi ently emerged	ngly required to support combat as a promising strategy for the			
13. SUPPLEMENTAR  14. ABSTRACT  Recent improveme and limb loss in suservice personnel. repair or replacem	ents in body armor virviving casualties. Vascularized compent of amputated lii	nave reduced the ra As such, methods to posite all transplanta mbs, and novel meth	replace injured limition (VCA) has recently to the recently the replace in the recently the replace in the recently the re	os are increasi ently emerged a anagement to p	ngly required to support combat as a promising strategy for the revent the rejection of transplanted			
13. SUPPLEMENTAR  14. ABSTRACT  Recent improveme and limb loss in suservice personnel. repair or replacem	ents in body armor virviving casualties. Vascularized compent of amputated lii	nave reduced the ra As such, methods to	replace injured limition (VCA) has recently to the recently the replace in the recently the replace in the recently the re	os are increasi ently emerged a anagement to p	ngly required to support combat as a promising strategy for the revent the rejection of transplanted			
13. SUPPLEMENTAR  14. ABSTRACT  Recent improveme and limb loss in suservice personnel. repair or replacem	ents in body armor virviving casualties. Vascularized compent of amputated lii	nave reduced the ra As such, methods to posite all transplanta mbs, and novel meth	replace injured limition (VCA) has recently to the recently the replace in the recently the replace in the recently the re	os are increasi ently emerged a anagement to p	ngly required to support combat as a promising strategy for the revent the rejection of transplanted			
13. SUPPLEMENTAR  14. ABSTRACT  Recent improvement and limb loss in subservice personnel. repair or replacement tissues are now as a service of the service	ents in body armor riviving casualties. Vascularized compent of amputated livailable that may gr	nave reduced the ra As such, methods to posite all transplanta mbs, and novel meth	replace injured limition (VCA) has recently to the recently the replace in the recently the replace in the recently the re	os are increasi ently emerged a anagement to p	ngly required to support combat as a promising strategy for the revent the rejection of transplanted			
13. SUPPLEMENTAR  14. ABSTRACT  Recent improveme and limb loss in suservice personnel. repair or replacem	ents in body armor riviving casualties. Vascularized compent of amputated livailable that may gr	nave reduced the ra As such, methods to posite all transplanta mbs, and novel meth	replace injured limition (VCA) has recently to the recently the replace in the recently the replace in the recently the re	os are increasi ently emerged a anagement to p	ngly required to support combat as a promising strategy for the revent the rejection of transplanted			
13. SUPPLEMENTAR  14. ABSTRACT  Recent improvement and limb loss in subservice personnel. repair or replacement tissues are now as a service of the service	ents in body armor riviving casualties. Vascularized compent of amputated livailable that may gr	nave reduced the ra As such, methods to posite all transplanta mbs, and novel meth	replace injured limition (VCA) has recently to the recently the replace in the recently the replace in the recently the re	os are increasi ently emerged a anagement to p	ngly required to support combat as a promising strategy for the revent the rejection of transplanted			
13. SUPPLEMENTAR  14. ABSTRACT  Recent improvement and limb loss in subservice personnel. repair or replacement tissues are now as a service of the service	ents in body armor riviving casualties. Vascularized compent of amputated livailable that may gr	nave reduced the ra As such, methods to posite all transplanta mbs, and novel meth	replace injured limition (VCA) has recently to the recently the replace in the recently the replace in the recently the re	os are increasi ently emerged a anagement to p	ngly required to support combat as a promising strategy for the revent the rejection of transplanted tion.			
13. SUPPLEMENTAR  14. ABSTRACT  Recent improvement and limb loss in subservice personnel. repair or replacement tissues are now as a service of the service	ents in body armor larviving casualties. Vascularized compent of amputated lineral and provided	nave reduced the ra As such, methods to posite all transplanta mbs, and novel meth	o replace injured limition (VCA) has recently the recentl	os are increasi ently emerged a anagement to p mb transplanta	ngly required to support combat as a promising strategy for the revent the rejection of transplanted tion.  19a. NAME OF RESPONSIBLE PERSON			
13. SUPPLEMENTAR  14. ABSTRACT  Recent improvement and limb loss in suspending personnel. repair or replacement tissues are now as a supplemental time.	ents in body armor larviving casualties. Vascularized compent of amputated lineral and provided	nave reduced the ra As such, methods to posite all transplanta mbs, and novel meth	o replace injured limi ation (VCA) has rece nods for immune ma as associated with lin	os are increasi ently emerged a anagement to p mb transplanta	ngly required to support combat as a promising strategy for the revent the rejection of transplanted tion.			
13. SUPPLEMENTAR  14. ABSTRACT  Recent improvement and limb loss in suspending personnel. repair or replacement tissues are now as a supplemental time.	ents in body armor larviving casualties. Vascularized compent of amputated lineral and provided	nave reduced the ra As such, methods to posite all transplanta mbs, and novel meth	o replace injured limition (VCA) has recently the recentl	os are increasi ently emerged a anagement to p mb transplanta	ngly required to support combat as a promising strategy for the revent the rejection of transplanted tion.  19a. NAME OF RESPONSIBLE PERSON			
13. SUPPLEMENTAR  14. ABSTRACT  Recent improvement and limb loss in suspended in the service personnel. The repair or replacement issues are now as a service personnel. The repair or replacement issues are now as a service personnel. The repair or replacement issues are now as a service personnel. The repair or replacement issues are now as a service personnel. The repair or replacement issues are now as a service personnel.	ents in body armor larviving casualties. Vascularized compent of amputated liviallable that may grailable that may grailable of amputated liviallable that may grailable that may graila	nave reduced the ra As such, methods to posite all transplanta mbs, and novel meth eatly reduce the risk	o replace injured limition (VCA) has recently has recently has recently as associated with limits associated with limits.  17. LIMITATION OF ABSTRACT	os are increasi ently emerged a anagement to p mb transplanta	ngly required to support combat as a promising strategy for the revent the rejection of transplanted tion.  19a. NAME OF RESPONSIBLE PERSON USAMRMC			
13. SUPPLEMENTAR  14. ABSTRACT  Recent improvement and limb loss in suspended in the service personnel. The repair or replacement issues are now as a service and limb loss in suspended in the service personnel. The repair or replacement issues are now as a service and limb loss in suspended in the service personnel. The service personnel is subject to	ents in body armor provided railable that may grant on provided sification of:  b. ABSTRACT	nave reduced the ra As such, methods to posite all transplanta mbs, and novel methe eatly reduce the risk	o replace injured limition (VCA) has recently the recentl	os are increasi ently emerged a anagement to p mb transplanta	ngly required to support combat as a promising strategy for the revent the rejection of transplanted tion.  19a. NAME OF RESPONSIBLE PERSON USAMRMC  19b. TELEPHONE NUMBER (include area			

**REPORT DOCUMENTATION PAGE** 

Form Approved OMB No. 0704-0188

#### Table of Contents

	<u>Page</u>
I. Introduction	1
II. Body	2
III. Key Research Accomplishments	2
IV. Reportable Outcomes	3
V. Conclusion	3
VI. References	
VII. Appendices	

### I. Introduction

Recent improvements in body armor have reduced the rate of combat death but increased the rate of extremity injury, burn and limb loss in surviving casualties. As such, methods to replace injured limbs are increasingly required to support combat service personnel. Vascularized composite alltransplantation (VCA) has recently emerged as a promising strategy for the repair or replacement of amputated limbs, and novel methods for immune management to prevent the rejection of transplanted tissues are now available that may greatly reduce the risks associated with limb transplantation.

The proposal will utilize a comprehensive approach to efficiently apply the newest clinically proven methods of modulation of the immune system to lower the risk and improve the benefits of patients after limb reconstruction through transplantation. The study provides a new platform to optimize integration of a limb after limb loss with a therapy based on a once a month medication. The entire study addresses the increase clinical need of limb loss seen in the current combat conflicts. The intervention provides the reconstruction of skin, muscle, tendon, bone, nerve, and vessels as a functional unit (limb) in individuals who suffered limb loss. The treatment includes the newest medication recently

approved by the US Food and Drug Administration. Studies will define the efficacy of the newest medication on protective immunity and the mechanisms of graft rejection. Additionally, the studies will be conducted concurrently to determine in objective terms the integration of the recipients use of their transplanted limb compared to their pre-transplant state. Moreover, evaluation of the recipient's quality of life will be performed.

## II. Body

Task 1.: To use an efficacious immunomodulation regimen based on belatacept to optimize the integration of limb transplantation after limb loss.

## Regulatory Review and Approval Process

During this reporting period we completed the submission of the Investigational New Drug/Investigational Device Exemption to the US FDA. Approval was approval was granted for the use of Belatacept {IND 113,206, Nulojix (Belatacept)}

### Clinical Trial

Our studies are under an Institutional Review Board (IRB) approved protocol entitled "Immunomodulation to Optimize Vascularized Composite Allograft Integration in Limb Loss Therapy".

During this reporting period we submitted the protocol to the Emory IRB and HRPO. The IRB granted full approval of the protocol on October 23, 2013. The proposal was subsequently submitted to HRPO. The protocol was reviewed by the US Army Medical Research and Materiel Command (USAMRMC), Office of Research Protections (ORP), Human Research Protection Office (HRPO) and found to comply with applicable DOD, US Army, and USAMRMC human subjects protection requirements on November 5, 2013.

During the next reporting period we plan to continue with the screening of potential candidates for limb transplantation. A potential problem area in the next phase of the study will be recruitment. For that purpose, we submitted recruitment letters and documents, which were approved by both the IRB and HRPO. We intent to distribute the approved documents to DoD and Civilian centers nation-wide. We also plan to complete the registration of the study at Grants.gov for website access.

### III. Research Accomplishments

- **a.** Approval of the IND 113,206, Nulojix (Belatacept). Sponsor: Linda C. Cendales, MD
- b. Approval of the study protocol "Immunomodulation to Optimize Vascularized Composite Allograft Integration in Limb Loss Therapy" by the Emory IRB and US Army Medical Research and Materiel Command (USAMRMC), Office of

Research Protections (ORP), Human Research Protection Office (HRPO)

# IV. Reportable outcomes

N/A to this study period

## V. Conclusion

This entire study addresses the increase clinical need of limb loss seen in the current combat conflicts. The intervention provides the reconstruction of skin, muscle, tendon, bone, nerve, and vessels as a functional unit (limb) in individuals who suffered limb loss.